

Is the Individual Listed Below a Current School Department Employee?

Yes _____ No _____

P.O. # _____

Ven # _____

(Business Office Use Only)

**Arlington Public Schools
869 Massachusetts Avenue
Arlington, MA 02476**

Standard Service Agreement

Must be Typewritten

Org	Account

• Above Budget Codes Must be Complete and Accurate

• Attach Applicable Documents: Posting, Resume

A. **Parties:** This contract is between the Arlington Public Schools, Arlington, MA and the Contractor:

Name _____ Street Address _____

City _____ State _____ Zip _____ Social Security No. or Tax ID No. _____

B. **Description of Service:** (attach additional documents if necessary and be as specific as possible)

C. **Period of Contract:** Beginning Date: _____ End Date: _____

D. **Amount of Contract:** The amount to be paid Contractor shall not exceed \$ _____ under this Contract, at a rate of \$ _____ per _____ (if applicable)

E. **Payment to Contractor:** Invoices or service vouchers must be submitted by the Contractor to the Originating Administrator for approval, along with documentation (receipts, etc.) of expenses to be reimbursed. Payments may not exceed the total contract amount, including reimbursed expenses. Payments may not be made in advance.

F. **Termination:** This contract for services may be terminated by the Supt. of Schools at any time upon written notice.

G. **In-House Staff/Employee Certification:** In the event that the Contractor providing services under this contract is an employee of the Arlington Public Schools or the Town of Arlington, the Contractor hereby certifies and warrants, under penalties of perjury, that all work performed is undertaken outside of regular working hours for the employee, and that no other public funds are received by the Contractor for the time worked under this contract.

H. **Federal State Local Laws and Regulations:** This contract is subject to all applicable Federal, State and City laws, ordinances, and regulations.

Arlington Public Schools

By: _____ Date _____
Originating Administrator

By: _____ Date _____
Superintendent or Designee

Contractor

By: _____ Date _____

Title: _____